

B&G Family Limited Partnership B.B. Gutierrez, Inc.

Employment Application – We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals upon request. – All portions of this application pertaining to you must be completed.

·	<u> </u>	<u>''</u>	<u> </u>	<u>'</u>			
Position(s)	Applied for:			Date:			
APPLICAN [®]	T INFORMATIOI	N (Please print clearly	y)				
Full Name:							
	Last		First		MI		
Address:							
	Street		City	State	Zip Code		
Phone: ()	E-Mail:					
Why are vo	nu seeking a new	job at this time?					
orny are ye	ou seeming a new						
How did yo	ou hear about us?	Please specify.					
☐ Website	e		_ 🗆 Newspap	oer			
☐ School _			_ □ I am forr	ner employee			
☐ Referre	d by		□Other				
If hired, do	you have reliable	e means of transportat	tion to get to work?	☐ Yes ☐ No			
Are you of	legal age to serve	e alcohol in this State?	☐ Yes ☐ No				
If you are u	ınder 18 years of	age, can you furnish a	work permit? 🗆 Ye	es 🗆 No			
	= =	dence that you are leg	-	the U.S.? \square Yes \square	No		
Note: Please e		ed of in a crime in the position of the records were sealed,	• •				

Note to California Applicants: You should not disclose information relating to an arrest or detention that did not result in conviction; your participation in a pre-trial or post-trial diversion program; a conviction of any type for which the record has been sealed, expunged, or statutorily eradicated; a conviction for the use or possession of less than 28.5 grams (1 ounce) of marijuana that occurred more than 2 years ago; or a conviction for a misdemeanor for which you have successfully completed probation or which has been otherwise discharged, and that has been judicially dismissed.



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If "Yes", stat	te the nature	of the offense	and disposition	n of the cases	(s). Please incl	ude applicabl	е
dates and lo	cations:						
EMPLOYME	ENT INFORM	ATION (Please	e print clearly	·)			
Employment Status Desired: ☐ Full Time ☐ Part Time ☐ Temporary/Seasonal							
Specify hour	rs available fo	r each day of t	he week.				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
То:							
Are you, or	do you plan to	be in school t	aking classes a	t any time wh	nile working he	ere? 🗆 Yes 🗆	□ No
		_	_	_	_	_	_
Are you will	ing to work ov	vertime? 🗌 Ye	es ⊔ No, We	ekends? □ Y	es □ No, Ho	olidays? ∐ Ye	es ⊔ No
Are you curi	ently employ	ed? □ Yes □	No, If hi	ired, what dat	e are you avai	lable to start?	·
Have you ev	er worked for	us before? \Box	Yes □ No, If	f so, which res	staurant?		
List any frie	nds or relative	s employed by	our company	:			
Have you ev	Have you ever been discharged or asked to resign from any position? \square Yes \square No						
If yes, please explain:							



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Are you able to perform t	he essential tasks of the job for	which you are	applying for	without reasonable
accommodation? \square Yes	\square No, If no, please describe wh	ich tasks, if ar	ny, you will ne	ed accommodation to
perform and explain wha	t type of accommodation you w	ill need:		
EDUCATION & TRAININ	G			
	Name, City, State	Years Completed	Did you Graduate?	Subjects Studied and Degrees Received
High School				
College				
Trade, Business or Correspondence School				
List any professional skills	s, certificates or licenses you pos	sess that are r	elevant to the	e position for which
you are applying:				
	le) and computer experience:			
□ Aloha □ Mord □ Ev	cal Othor(c):			



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WORK HISTORY (Begin with most recent position and please account for the last 5 years.)

☐ Please check this box	if you do not have prior work experience.
Company	Phone
Address	
Dates of Employment: From To	Salary: Starting Ending
Job Title	Supervisor's Name & Title
Describe duties briefly:	
Specific reason for living:	Still employed?
Company	Phone
	City, State, Zip Code
Dates of Employment: From To	Salary: Starting Ending
Job Title	Supervisor's Name & Title
Describe duties briefly:	
Specific reason for living:	Still employed?
Company	Phone
Address	City, State, Zip Code
Dates of Employment: From To	Salary: Starting Ending
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Describe duties briefly:	
Specific reason for living:	Still employed?



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Company	Phone				
Address	City, State, Zip Code				
Dates of Employment: From To	Salary: Starting Ending				
Job Title Superv	isor's Name & Title				
Describe duties briefly:					
Specific reason for living: Still employed?					
Company	Phone				
Address	City, State, Zip Code				
Dates of Employment: From To	Salary: Starting Ending				
Job Title Supervisor's Name & Title					
Describe duties briefly:					
Specific reason for living: Still employed?					
For reference/background check purposes: Have you worked for any of these companies or attended school under a different name? \Box Yes \Box No					
If yes, give name and company:					
May we contact the employer(s) listed above? \square Yes \square No					
If not, list any employers that you do not wish for us to contact and why:					



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AUTHORIZATION CERTIFICATION AND AT-WILL EMPLOYMENT AGREEMENT

Please read carefully, then sign and date below.

I certify that I have personally completed this application. I declare that information provided in this employment application is true and complete and I understand any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment if hired.

I understand that I shall be required to provide documentation establishing my legal authorization for employment within the first three days of my employment.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

If applicable, I also agree to submit to any drug tests required of me, whether prior to my employment or if employed by this company at any time thereafter.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's CEO is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understood, and agreed to the above.

READ, UNDERSTOOD, and	GREED	
Applicant Signature:		
Applicant Name (printed):		
Date:		